

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

18411

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
 Township _____ Primary Registration District No. 2002 Registered No. _____
 City Jasper (No. 1725, I.N.D.) St. _____ Ward _____

2. FULL NAME

Walter W Baldwin
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Medred Baldwin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
43 now 11 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barton Co, Mo

13. NAME H. L. Baldwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MARRIED NAME Phoebe N Lowe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Mo

17. INFORMANT (ADDRESS) Medred Baldwin

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE 5/23/31

19. UNDERTAKER (ADDRESS) Springfield

20. FILED 3/24 19 31 Abner Oak Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/22/31

22. I HEREBY CERTIFY, That I attended deceased from May 2-31, to 5-22-31

I last saw him alive on May 23, 1931 Death is said

to have occurred on the date stated above, at 11:45 pm

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
 Other contributory causes of importance: _____
 Date of onset _____

Name of operation _____ Date of _____
 What best confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) Robert Cheworth

(Address) Jasper

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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